SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF Z FOR LINE 24 OF FORM 3X
	EGE VIEG IDENTIFICATION NUMBER V
Real People for Anerica FEET	MAIL 0000616789
Check if 24-hour report 48-hour report New report Amends report file	P 26 AH II; 50 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Payee	Date of Public Distribution/Dissemination
Reno trint Store Mailing Address	BB' 18' 2016
230 Geg St #5	Amount
City State Zip Code  NV 89507	94259
Purpose of Expenditure	Date of Disbursement or Obligation
Yard Signs Type 0.0,4	[B' Z.0.1.6
Name of Federal Candidate Support Office	ce Sought: House District:
Donald J. Trup Oppose &	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Dist	Oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Dono Print Store Mailing Address	09'(3' 2016
280 Greg 8+ #5	Amount
City State Zip Gode NV 89502	Date of Dichursement or Obligation
Purpose of Expenditure Category	Date of Disbursement or Obligation
Walking Cond S Type D. D. Type	09/16/2016
	ce Sought: House District:
	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Dist	oursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2,00,273
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date Date	4 2016

# 2016 · 09 · 26 · 05 · 00100019

PAGE	7	OF	12	
FOR L	NE 24	OF F	ORM	зх

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Peal People for America	· · · · · · · · · · · · · · · · · · ·	C006 (6189)
Check of 24-hour report 48-hour report New report	ort Amends repor	tifiled on Man ( Dab)
Full Name of Payee	☐ Memo It	em Date of Public Distribution/Dissemination
Reno Print Store Mailing Address		- OB' [1 2016
280 Greg st #5		Amount
City State  Ren O NU	Zip Code (2) 950 200	350.1.1
Purpose of Expenditure		Date of Disbursement or Obligation
Bumper Stickers	Category/ Type 0.0 V	3105 11 180
Name of Federal Candidate	Support	Office Sought: House District:
Donald J. Trump	Oppose	President Senate State:
Calendar Year To Date Per Election for Office Sought	150.24	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ►
Full Name of Payee	☐ Memo It	em Date of Public Distribution/Dissemination
Reno Print Store	<u></u>	0B' 15' 7016
Mailing Address		Amount
City State	Zip-Code	254.23
leno NI	Da 57 2	
Purpose of Expenditure	8430	Date of Disbursement or Obligation
Buttons	Category/ Type	[ 0.8 '[5] '[2016]
Name of Federal Candidate	Support	Office Sought: House District:
Vonald J. Trup	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	150.24	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		60424
(,		
(b) SUBTOTAL of Uniternized Independent Expenditures		<u> </u>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Signature Signature	_ Date	09 19 2016
Cignature C		

<b>SCHEDU</b>	LE E	(FEC	Form 3X)
ITEMIZED	INDEPE	NDENT	EXPENDITURES

ITE	EMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 12 FOR LINE 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	Real Reople for Anerica	000616789
·Ch	neck if 24-hour report 48-hour report New report Amends report if	filed on MyM / DyD / Yyyyyy
	Full Name of Payee	m Date of Public Distribution/Dissemination
	Peno Aint Store Mailing Address	<u> 07</u> 29 20.6
		Amount
	City State Zip Code	4.00
	Peno NU 9950>	
	Purpose of Expenditure Category/	Date of Disbursement or Obligation
	Name of Endard Condition	
	Support of	Office Sought: House District:
٠.	- 6	President Senate State:  Disbursement For: Primary General
	Calendar Year-To: Date Per Election for Office Sought	Other (specify)
	Full Name of Payee	
	Reno fint store	29 2016
	Mailing Address	Amount
	280 Geg ST #5	
	City: State Zip Code	,960,59
	Purnose of Evnenditure	Date of Disbursement or Obligation
	Yard Signs Category/ Type D.D.Y	0.7 28 2016
		Office Sought: House District:
	Ponal of 5. Trump Oppose	President Senate State:
:.	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General General Other (specify) ▶
Г	Note that the second of the se	Outer (specify) -
	(a) SUBTOTAL of Itemized Independent Expenditures	·
<u>.</u>	(b) SUBTOTAL of Unitemized Independent Expenditures	· [
	(c) TOTAL Independent Expenditures	<b>▶</b>
	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
	Signature	09 120 L6

Signature/

SCHEDULE E (FEC Form: 3X) TEMIZED INDEPENDENT EXPENDITURES		PAGE 4 OF 12
NAME OF COMMITTEE (In Full)		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (III Full)		FEC IDENTIFICATION NUMBER ▼
Real People for America		C0.0.6.1.6.7.8.9
Check if 24-hour report 48-hour report New 1	report Amends report file	ed on MyM / DyD / Yyyyyy
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Reno Print Store		67/19/23/6
Mailing Address  280 Grea St. #5		Amount
City State	Zip Code	37011
Reno NV	89500	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	Many ( Bad ) ( Landary)
Kunper Stickers	Type 0.0.4	0.7 1.5 2010
Name of Federal Candidate	<u> </u>	ice Sought: House District:
Donald J. Trump	+ /-	President Senate State:
Calemdar Year-To-Date Per Election for Office Sought	,950.24 Dis	Dursement For: ☐ Primary ☐ Géneral ☐ Other (specify) ▶
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Lamar Advertising Mailing Address		0.9 1.9 2016
Mailing Address		Amount
4945 Joule Street State	Zip · Code,	854000
Reno NV	89502	
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
BillBoards	Type 0.0.4	09097016
Name of Federal Candidate	Support Off	fice Sought: House District:
Donald J. Trump	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7,950,24 Dis	sbursement For: Trimary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	8,91011
(b) SUBTOTAL of Unitemized Independent Expenditures		
(-) по тако от отношение строительной папана	······	
(c) TOTAL Independent Expenditures	·····	\
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	res reported herein were not a zed committee or agent of eith	made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
(1 00 0		
In William	Date	79/19/2016
Signature/		ALU LINE ENTE

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PAGE 5			OF		10		
	FOR	LINE	24	OF	FO	RM	ЗХ

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Real Reople for Anerica		C00616789
Check if 24-hour report 48-hour report New re	port Amends report f	iled:on
Full Name of Payee	☐ Memo Iten	Date of Public Distribution/Dissemination
Feclex Mailing Address		07 1.6 2016
282 Los Altos Pkwy 土1	00	Amount
City State	Zip Code 89 4 3 6	7,, 49,58
Sparks NV	07136	Date of Disbursement or Obligation
Purpose of Expenditure  Mailing	Category/ Type 0.0.4	07 15 2016
Name of Federal Candidate	Support O	office Sought: House District:
Donald J. Trump	Oppose	President Senate State:
Calendar Vear To Date	.D	isbursement For: .Rrimary .General
Per Election for Office Sought	950.24	Other (specify) ▶
Full Name of Payee	☐ Memo Iter	n Date of Public Distribution/Dissemination
<u>fedex</u>		- 2016
Mailing Address 287 Los Altos Pkwy #	100	Amount
City, State	Zip Code	, , 49.58
Sparks NV	89436	
Purpose of Expenditure	Catagory	Date of Disbursement or Obligation
Mailing	Type 00 Y	07 15 2014
Name of Federal Candidate	Support C	Office Sought: House District:
Donald J. TNAP	Oppose	President Senate State:
Colondon Vons To Date	0	isbursement For: Primary General
Per Election for Office Sought , , , , , , , , , , , , , , , , , , ,	950.24	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		9916
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	an an an in an
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	es reported herein were not ed committee or agent of ei	t made in cooperation, consultation, or concert ither, or (if the reporting entity is not a political
Signature Signature	Date	09 2016

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE ( OF 17 FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)		· · · · · · ·	FEC IDENTIFICATION NUMBER ▼
	Real People for America			C00616789
Ch	eck if 24-hour report 48-hour report New report	Amends repo		1 M 1 D D 1 Y V V V V
-	Full Name of Payee	☐ Memo (	tem Date	of Public Distribution/Dissemination
	Feclex	_		7 (5 20)6
	Mailing Address		Amou	
	282 Los Altos Prwy #100 City State Zip C	'odo		110 50
		39436		49.58
	Discourage of Expandibuse	· · · · · · · · · · · · · · · · · · ·		of Disbursement or Obligation
	1000011/17	Type 0.0	4	7 15 2016
	Name of Federal Candidate	Support	Office Sough	
	Donald J. trump	Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	0.24	.Disbursemer	ot For:PrimaryGeneral
	Full Name of Payee	☐ Memo	tem Date	of Public Distribution/Dissemination
	tedex			7 18 2016
	Mailing Address 232 Los Altos PKWY #100		Amou	unt
	City. State Zip C	Code		4.1.95
		9436		of Disbursement or Obligation
	Purpose of Expenditure  (a Hens / Mailing	egory/ Type $\mathcal{O}$ O	4	07 15 2016
	Name of Federal Candidate	Support	Office Soug	ht: House District:
	Vonald J. ITUMP	Oppose	Presid	lent Senate State:
-	Calendar Year-To-Date Per Election for Office Sought	0.24	Disburseme	nt For: Primary General  Other (specify) ▶
			• •	
	(a) SUBTOTAL of Itemized Independent Expenditures		· • _	91.53
	(b) SUBTOTAL of Unitemized Independent Expenditures			Ø
	(c) TOTAL Independent Expenditures		•	e ego es e go es es e es e
	Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	ted herein were nittee or agent o	not made in of either, or (if	cooperation, consultation, or concert the reporting entity is not a political
	Signature Julian	Date	0.9	19,2016

TEMIZED INDEPENDENT EXPENDITURES	PAGE 7 OF 100 FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Real People for America	C00616789
Check-if 24-hour report .New report Amends report filed	M M / D = B / Y = Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Facebook	05 19 2016
Mailing Address	Amount
City State Zip Code	2510
Menlo Park CA	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type  Category/	05 19 2016
Name of Federal Candidate Support Office	Sought: House District:
Donald J. Trump Doppose X	President Senate State:
T I	rsement.For: Rrimary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Fedex	08,04 2016
Mailing Address	Amount
City. State Zip Code	150.90
Menlo Park CA	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type  Continue  Category/ Type	08 04 2016
	-
Support	Sought: House District: State: State:
- I	rsement For: Primary General
Calendar Year-To-Date Per Election for Office Sought  Disbu	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	175.90
	, a maria - ortalia (a) ortalia (a)
(b) SUBTOTAL of Unitemized Independent-Expenditures	Ø
(c) TOTAL Independent Expenditures	$\frac{1}{\mu} = \frac{1}{2\pi} \left( \frac{1}{\mu} - \frac{1}{\mu} - \frac{1}{\mu} \right) \left( \frac{1}{\mu} - \frac{1}{\mu} - \frac{1}{\mu} - \frac{1}{\mu} - \frac{1}{\mu} \right) \left( \frac{1}{\mu} - \frac{1}{\mu$
	, A resident to the desire to the transfer of the control of the c
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
party committee) any political party committee or its agent.	
Signature Date 5	9 19 2016

PAGE	B	OF	12	
FOR LIN	IE 2	4 OF FC	RM 3X	

NA	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	Real People for Aneira			C00616789
Ct	neck if 24-hour report 46-hour report New report	ort Amends repo	rt filed	「M ∨ M 1 / / B = B 1 / T T = T = T T T T T T T T T T T T T T
	Full Name of Payee	☐ Memo	Item	Date of Public Distribution/Dissemination
	teclex			07/16/2016
	Mailing Address  A 282 Los Altos PKVY	#100		Amount
		Zip Code	36	49.58
	Purpose of Expenditure	5995	-	Date of Disbursement or Obligation
	Mail 1	Category/ 7 Type 0 0	4.	67 15 Zo 16
	Name of Federal Candidate	Support	Office	Sought: House District:
	Donald Si Trup	Oppose		President Senate State:
	Galendar Year-To-Date	Enad	Disbu	rement For: Primary General
	Per Election for Office Sought	50.24		Other (specify) ▶
	Full Name of Payee	☐ Memo	Item	Date of Public Distribution/Dissemination
	NV Veterans to Trump			08 01 2016
	Mailing Address	.20		Amount
	Ubod Kietzke Lane C-1	Zip Code		
		89507		35000
	Purpose of Expenditure	T	<del>,.</del> -	Date of Disbursement or Obligation
	Radio Acluentisins	Category/ Type 00	4	07 2016
	Name of Federal Candidate	Support	Office	Sought: House District:
	Donald J. Mup	Oppose		President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	1000	Disbu	ursement For: Primary General
_	Per Election for Office Sought	(3.0.29		Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		· <b>•</b>	
	(b) SUBTOTAL of Unitemized Independent Expenditures		· <b>•</b>	
r	(a) TOTAL Independent Expanditures			
	(c) TOTAL Independent Expenditures		. ▶	the state of the s
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Signature William	_ Date	. O	9 2016

SCHEDULE	E (FEC	Form 3X)
ITEMIZED INDI	EPENDENT	<b>EXPENDITURES</b>

People for Anerica

NAME OF COMMITTEE (In Full)

		•
	PAGE 9	OF (2
	FOR LINE	24 OF FORM 3X
FEC	IDENTIFICAT	ION NUMBER ▼
C	0,0,6.1	6789
on M-1/M	/ [ ] /	**************************************
Date of Pub	olic Distribution	n/Dissemination
06		2016
Amount		
	·9\	.9.32.6
Date of Dis	bursement or	Obligation
0.6		Zo 16
Sought:	House	District:
President	Senate	State:
rsement For:	Primar	y General
Other (	specify) 🕨	
Date of Put	blic Distribution	n/Dissemination
12.5	23	ALALALAL
1000		20,0
Amount		20,00
Amount		50.1.1
	sbursement or	50.1.1
	bursement or	50.1() Obligation
	sbursement or 23	50.\(\( \) Obligation  / \( \) Obligation  District:
Date of Dis	23	2014
Date of Dis	House Senate	District:
Date of Dis  O 5  e Sought:  President  ursement For:	House Senate	District:
Date of Dis  O 5  e Sought:  President  ursement For:	House Senate Primar	District:
Date of Dis  O 5  e Sought:  President  ursement For:	House Senate Primar	District:
Date of Dis  O 5  e Sought:  President  ursement For:	House Senate Primar	District:
Date of Dis  O 5  e Sought:  President  ursement For:	House Senate Primar	District:
Date of Dis  O 5  e Sought:  President  ursement For:	House Senate Primar	District:
Date of Dis  O 5  e Sought:  President  Other (	House Senate Primal (specify)	District:

Check if 24-hour report 48-hour report New report Amends report filed Full Name of Payee ☐ Memo Item Facebook City State Zip Code Category/ Type Name of Federal Candidate Support Office Trump Oppose Disbu Calendar Year To-Date Per Election for Office Sought Full Name of Payee ☐ Memo Item State Zip Code: City Category/ Name of Federal Candidate Support Office Oppose Disbu Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures...... (b), SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature FEC Schedule E (Form 3X) Rev. 12/2015

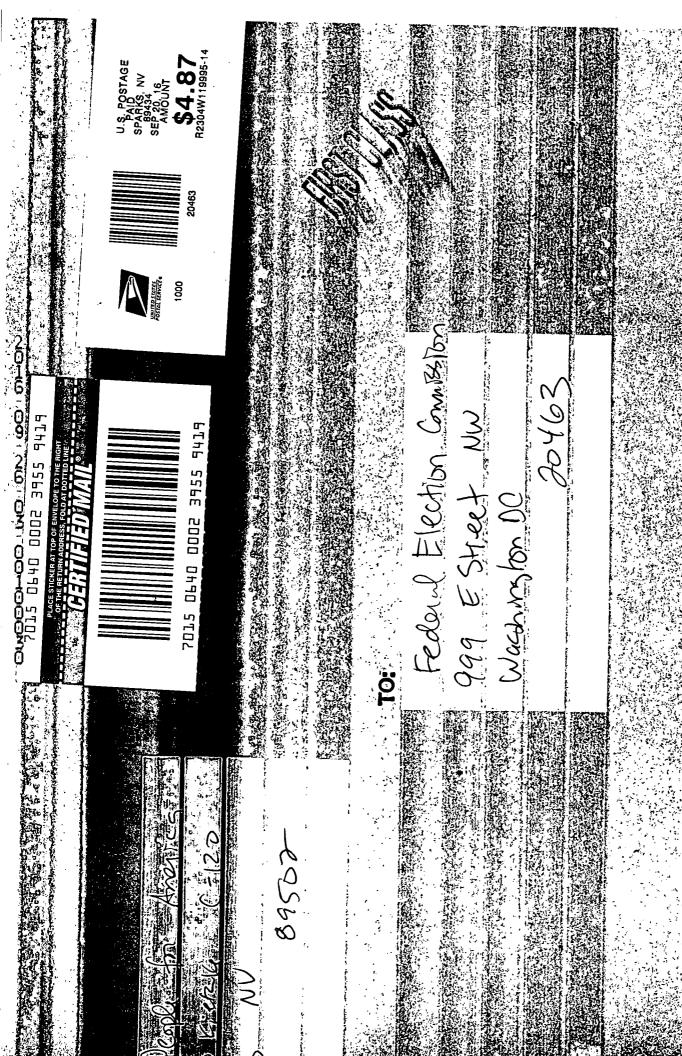
TEMIZED INDEPENDENT EXPENDITURES	PAGE O OF C FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Real People for America	0.061.6789
	/ [
Full Name of Payee	blic Distribution/Dissemination
Brancled Screen Printing Mailing Address  [08]	1 2016
Amount	
City State Zip Code	127251
Dans 111/ 89503	
Purpose of Expenditure  Category/ Ca	sbursement or Obligation
Hats and T-shirts Type 0.0.9	02 2016
Name of Federal Candidate  Support  Office Sought:	House District:
President Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Other	: ☐ Primary ☐ General (specify) ►
Full Name of Payee	ublic Distribution/Dissemination
Big Reno Show  Mailing Address)	1 [ 2 0 1 6
PO Box 10485 Amount	
City State Zip Code	170,00
Dono, NO 89510 Date of D	sbursement or Obligation
Purpose of Expenditure  Category/ Type  Category/  Cate	1 / [D W D ] / [Y W Y W Y W Y ]
Name of Federal Candidate    Support   Office Sought:	House District:
Donald J. Trump Doppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date  Calendar Year-To-Date  Calendar Year-To-Date  Calendar Year-To-Date  Calendar Year-To-Date	
Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(b) SUBTOTAL of Unitemized Independent Expenditures	
, the state of the	
(c) TOTAL Independent Expenditures	52
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	eration, consultation, or concert reporting entity is not a political
Date 0 9	9 2016
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 12 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Real People for America	CO0616789
Check if 24-hour report X 48-hour report New report Amends report filed on	M J M J M J M J M J M J M J M J M J M J
Full Name of Payee	ate of Public Distribution/Dissemination
Crussionads of the West	0.7 30 2016
A	mount
P.O. Box 290 City State Zip Code	1,15,00
Kaysville UT 84037-0290	ate of Disbursement or Obligation
Purpose of Expenditure Category/	0 9 9 20 18
1501 510W DOSTV	
Support Office Sc	ought: House District: Senate State:
A = A + A + A + A + A + A + A + A + A +	ment For: Primary General
Calendar Year-To-Date Per Election for Office Sought  Disburse	Other (specify) ▶
	Pate of Public Distribution/Dissemination
Branded Screen Printing Mailing Address	09/09/2016
- I	mount
City State Zip Code	619.42
Reno NV 89502	Pate of Disbursement or Obligation
Purpose of Expenditure  Category/ Type  Category/ Type	09 02 206
Name of Federal Candidate  Support  Office So	ought: House District:
	esident Senate State:
Calendar Year-To-Date Disburse	ement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUPTOTAL of Itamized Independent Expanditures	20112
(a) SUBTOTAL of Itemized Independent Expenditures	
(b), SUBTOTAL of Uniternized Independent Expenditures	0
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Signature Date OS	1/12016
	19 2016

		FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	Real leople for Anerica	000616739
Ch	ecksif 24-hour report 48-hour report Newsreport Amends report filed	on Mark / Darb / Yarray
	Full Name of Payee	Date of Public Distribution/Dissemination
	US Post Solice	07 16 2016
	Mailing Address	Amount
	1939 Vista Blud, State Zip Code	28200
	SOC. V S NV 89436	Date of Disbursement or Obligation
	Purpose of Expenditure Category/ Category/	Man / [6,0] / [4.24,14.24]
	Mailing - Stamps	0.1 15 20.10
		Sought: House District:
	Donald S. Trump ' Oppose X	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut	rsement For: ☐ Primary ☐ General ☐ Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
		MAM / DAD / LAAAAAA
	Mailing Address	Amount
	City State Zip Code	
		Date of Disbursement or Obligation
	Purpose of Expenditure Category/	[M-M] / [D-VD] / [Y-V-Y-Y-]
	Туре	
	Name of Federal Candidate Support Office	e Sought: House District:
٠	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
_		Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	222 70
		[
 î	(b) SUBTOTAL of Unitemized Independent Expenditures	
ř	(a) TOTAL Independent Evpanditures	
	(c) TOTAL Independent Expenditures	15 450 7.41
	Under penalty of perjury I certify that the independent expenditures reported herein were not m	ade in cooperation, consultation, or concert
	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	r, or (if the reporting entity is not a political
	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political

PAGE

OF



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 9/20/16
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
la de la companya della companya del	9/26/16
(3/2015)	DATE PREPARED